THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH) : (a) Yes, Sit.

(b) An action plan for control of Diarrhoeal disease including other water boTHe diseases in- Delhi has been Grawn up by Delhi Administration and circulated to all concerned agencies to ensure that these agencies attend to health care' pro-grarnrfle with full vigour and due attention. The status of water supply, chlorine content, garbage disposal, supply of ORS/ Cholerine is monitored by all the igeneies and once a month within Demi Administration, where joint inspection reports are considered and follow-up maintained.

Testing of High-Tech Kilted Polio Vaccines

887. SHRIMATI VEENA VERMA :
SHRI KAPIL VERMA :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that high-tech injettible-Kiilea Polio Vaccine (KPV) is untler testing in India ;

(b) if so, what are the details thereof;

(c) whether Government are considering proposal to replace Oral Polio Vaccine (OPV) with KPV ;

(d) if so, the details thereof and if not what are the reasons therefor ;

(e) whether it is a fact that there is high percentage of drop out in OPV programme Which requires about 10 doses for effectivity ; and

(f) if so, what are the details thereof ?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH): (a) and (b) A feasibility study on use of a high tech injectable-killed Polio Vaccine is being condaeted in the North Arcot District of Tamil Nadu. This study is supported by ICMR, and being conducted by oiristian Medical College (CMC), Vellore. In one half of the North Areot District; KPV is administerd to children as Quadruple vaccine i.o. m combination with Diphtheria Feittisis and Tetanus *(DPTP)* in a 3 dose schedlrie at 2, 4, 9 months after birth *As a* contorl in other Half of the North Arcot Distrie; *Oral* Polio Vaccin is given to *infants it* a 3 dose sechedlue at 6*, 10* and- 14 Weeks after birth.

(C) and (d) There is no proposal to replace Oral PdlioVaccine (OPV) with KPV as OPV is the vaccine of? chotoe for eradication of poliomyelitis. The advantages' of using OPV include' its efficacy in replacing wild' Virus with Vaccine' virus in the enviroment low c6st and *ease* of administration. OPV alone can be used in control of out-breaks of poliomyelitis to prevent further spread of disease. Due to these advantages of OPV vis-a-vis. KPV, and the success achieved in eradicating Poliomyelitis in many European and Latin American countries with OPV. WHO also recommends exclusive use of OPV for eradication of poliomyelitis in developing countries.

(e) and (f) At present, 3 doses of OPV are given to children at 6, 10 and. 14 weeks after birth. An additional booster dose is given after 12 months of the completion of 3 dose primary schedule. Childran born in institutions are; given one additional dose of OPV at birtn. This schedule is effective in controlling Pdfcomyelitis. Average drop out rate between 1st and 3rd 4oses of OPV, calculated from *the* reported data was 16.1 per cent in 1990-91. While moving from the stage of control to eradication of poliomyelitis, additional doses of OPV are also grven while undertaking mopping up measures in high risk pofc&ts and containment measures in response to out breaks of Polibmyefitis.

Health Care Scenario

888. SHRI S. S. AHLUWALIA : Will the Minister Of HEALTH AND PAMIL\ WELFARE be pleased to state :

(a) whether it is a fact that theibqaltl care Scenario in the country registere*

improvement since the conclusion of the Seventh' Five Year Piatt, if so, its coffin parison with that prevailing at the conclusion" of the preceding plan period ;

(b) the comparative details of Population': Doctor, Population : Hospital bed and Population, Nurse ratios separately for urban and rural sector, as stood at the end of 1970, 1975, 1980, 1985 and 1991 ;

(c) the comparative details State-wise allocation of giants provided under the Family Welfare heads during the respective periods mentioned in part (b) ; and

(d) the expenses incurred by the Government on various Central Government! health projects during the corresponding period ?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH) : (a) to (d) The information is being collected and will be laid on the table of the House.

Trials for New Drug Treatment for Leprosy

889. SHRI VIREN J. SHAH : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that the World Health Organisation officials in Geneva have expressed 'surprise' over a New Delhi report that lndia has not offered itself for trials for the New drug treatment' for leprosy because of 'lack of information on the safety and toxicity of the drug' ;

(b) if so, what is the correct position and what is Government's reaction in this regard ; and

(c) what steps Government have taken so far for the eradication of leprosy in the country and with what results ?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SlNGH) : (a) and *(b)* The Government of India have already recommended to WHO for trials of the new drug 'O'ftoxecin' in the treatment of leprosy patients in India tat 12 selected centres).

(c) The Goverment Have launctied National Leprosy Eradication Programme with an aim to achieve arrest of transmission of disease by 2006 A.D: 20T e"na"emle districts With prevalence' of 5 and more' per thousand of population have been brought under Multi Drug Therapy. Health education activities have been stepped up. Action is also initiated to provide adequate physical rehabilitative services to leprosy patients to make them socially-useful: There[9] has been a significant reaueffort of over 50 per cent in *the* leprosy case in the country due to the programme.

अखिल भारतीय आयुर्विज्ञान संस्थान द्वारा अनुसंधान कार्य

890. श्री प्रमोद महाजन : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या अखिल भारतीय आयुर्विज्ञान संस्थान में स्वदेशी चिकित्सा पद्धतियों के अनुसंधान और विकास के लिए कोई कार्य हो रहा है ;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है ; और

(ग) यदि नहीं, तो क्या स्वदेशी चिकित्सा पद्धतियों के अनुसंधान और विकास के लिये कोई योजना प्रस्तावित है ?

मानव संसाधन विकास मंत्री (श्री अर्जुन सिंह) : (क) से (ग) अखिल भारतीय आयुर्विज्ञान संस्थान का संबंध बुनियादी रूप से आधुनिक चिकित्सा में अनुसंधान कार्य से है । तथापि, संस्थान में प्रायोजित परियोजनाओं के माध्यम से जड़ी-बूटी भेषजगुण विज्ञान, जड़ी-बूटी रसायन विज्ञान और जड़ी-बूटी उपचारों के क्लिनिकल मूल्यांकन के क्षेत्र में कुछ अनुसंधान परियोजनाएं शुरू की गई हैं ।